1	2	3	4
Gujarat	413.10	144	5.95
Haryana	164.64	113	1.86
Himachal Pradesh	51.71	87	0.45
Jammu & Kashmir	77.19	280	2.16
Karnataka	449.77	129	5.80
Kerala	290.99	131	3.81
Madhya Pradesh	661.81	201	13.30
Maharashtra	789.37	164	12.95
Manipur	18.37	65	0.12
Meghalaya	17.75	22	0.04
Mizoram	6.90	NA	N.A.
Nagaland	12.10	38	0.05
Orissa	316.60	172	5.45
Punjab	202.82	73	1.48
Rajasthan	440.06	224	9.86
Sikkim	4.06	45	0.02
Tamilnadu	558.59	165	9.22
Tripura	27.57	118	0.33
Uttar Pradesh	1391.12	158	21.98
West Bengal	680.78	96	6.54
Andaman & Nicobar Isl.	2.81	67	0.02
Chandigarh	6.42	189	0.12
Dadra & Nagar Haveli	1.38	NA	N.A.
Daman & Diu	1.02	NA	N.A.
Lakshadweep	0.52	89	0.00
Pondicherry	8.08	NA	N.A.
All States	8463.05	149	126.10

*SOURCE : WHO GOI National Survey (1986-89)

Ignorance about Population Control Techniques

1373. SHRI NANA DESHMUKH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that South India has done remarkably well about the population control though there was no effective monitoring but a lot of Indian couples who do not want to have more children are still not aware about the population control techniques;

(b) whether in Bolivia, Cameroon and Egypt the family planning has made a success by motivation of different methods to the masses conveyed through the State televisions and radio spots; and

(c) if so, the steps being taken by Government to use the electronic media in a sophisticated way like other small countries?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) Yes Sir, generally South India has performed better in family welfare programme than the North India mainly due to the high priority accorded to this sector of basic and essential reproductive health care and population stabilisation, consistent political and administrative support, intensified programme activities supported by good management practices, public support and vigorous publicity.

In order to narrow the gap about awareness, Government of India has set up a Core Group, comprising media experts, to address the infirmities in the coverage and outreach of behavioural change, communication in the weakly performing states. Initially, the Core Group will focus attention on eight Empowered Action Group (EAG) States, UP, MP, Bihar, Jharkhand, Chattisgarh, Rajasthan, Orissa and Uttaranchal.

As per National Family Health Survey the unmet need for Family Planning Techniques has come down from 19.5% in 1992-93 to 15.8% during 1998-99.

(b) Yes, Sir.

(c) The following steps have been taken by Government for increasing awareness by vigorous publicity efforts through use of Electronic Media;

(i) An Intensive campaign has been launched to create knowledge on family planning methods and techniques through electronic and print media.

(ii) The healthy mother-healthy child messages are broadcast from AIR in the form of audio jingle spots before the Morning and Evening National news. Before and after Regional News one spot on No Scalpel Vasectomy is broadcast in the afternoon.

(iii) 36 kendras of All India Radio have been asked to broadcast the messages of Reproductive and Child Health. Video spots on Reproductive and Child Health (R.C.H.) are being telecast before the national news at 8.00 p.m. also a 30 minute based programme "Lok Jhankar" is broadcast on every Thursday and Sunday through 22 Vividh Bharti Kendras of AIR.

(iv) Films on Reproductive & Child Health have been made by eminent producers to improve mass awareness on family welfare programme. Regular articles on RCH themes are being published in in-house publications- 'Hamara Ghar' in Hindi and' Reproductive & Child Health Newsletter' in English.

(v) The media units viz. Directorate of Audio Visual Publicity and Song & Drama Division and Directorate of Field Publicity are also carrying out publicity on Reproductive and Child Health (RCH) themes through exhibition, theatre plays, seminars/workshops and video programmes.

(vi) Parivar Kalyan and Swasthya Health Melas are also being organised in different states of the country to increase awareness and provide medical services to the people at their doorsteps.

A Core Group on Behavioural Change Strategies for the EAG States has been constituted in October 2001 with the objective of developing structures capacities and systems in these States to plan, develop and manage strategies for behaviour change for family welfare.

Health Facilities to Retired Employees of Central Government

†1374. DR. A.K. PATEL: Will the MINISTER OF HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that the retired employees of Central Government are not getting the health facilities in those places where the Central Government Health Scheme is not available; and

(b) the steps Government propose to take so that these retired employees can get the benefit of the said scheme?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR) (a) and (b) Yes, Sir. However, 5th Central Pay Commission made the following recommendations with regard to providing medical facilities to Central Government pensioners/family pensioners:—

(i) Grant of fixed medical allowance Rs. 100/-p.m. to Central Government pensioners/family pensioners residing in areas not covered under CGHS for meeting their expenditure on day-to- day medical expenses that do not require hospitalisation.

(ii) CS(MA) Rules, 1944 should be extended to pensioners, in a restricted manner so as to facilitate reimbursement of expenditure on hospitalisation

†Original notice of the question was received in Hindi.